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506.38266VC2

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ANTONELLI, TERRY STOUT & KRAUS, LLP  
1300 NORTH SEVENTEENTH STREET  
SUITE 1800  
ARLINGTON, VA 22209-3873

020(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/692,930	10/27/2003	Junichi Shimada	506.38266VC2	2132

TITLE OF INVENTION: THERAPEUTIC AGENT FOR NEURODEGENERATIVE DISORDERS

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE (\$)	DATE DUE
Nonprovisional	NO	\$1400	\$300	\$1700	07/18/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
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SPICACK, PHYLLIS G

1614

514-263300

1. Change of correspondence address or indication of "Fee Address: (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB7122 attached.

agents OR, alternatively,

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(1) the names of up to 3 registered patent attorneys 1 ANTONELLI, TERRY, STOUT AND KRAUS, LLP.

Or agents OR, alternatively,

(2) the name of single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed no name will be printed.

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(A) NAME OF ASSIGNEE

KYOWA HAKKO KOGYO CO., LTD.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TOKYO, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*William I. Solomon*

Date: JULY 12, 2006 MBEYENE2 00000119 10692930

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